

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-396907

SL-28047

-62-044963

10867

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED NOV 19 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN 915 N. GRAND ST. LOUIS MO.

Length of stay in 1b

200 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION VET ADM HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1325 NORTH MARKET ST.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

L.

Last

THORNTON

4. DATE OF DEATH

Month

Day

Year

NOVEMBER

9

1962

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
2-21-919. AGE (last birthday)
71IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
MARINE ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
marion, Ill12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

WILLIAM A. THORNTON

13b. MOTHER'S MAIDEN NAME

PAULINE GRIMES

14. NAME OF HUSBAND OR WIFE

NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)
YES WWI

NO.

17. INFORMANT

JOSEPHINE ADLER (FRIEND)

Address 1509 WARREN ST.

ST. LOUIS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PNEUMONIA

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (a) CANCER OF FACE WITH METASTASIS TO SPINAL CORD

DUE TO (c) 191-3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

VA

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

3-21-62

20f. CITY, TOWN, OR LOCATION

11-9-62

COUNTY

STATE

21. Attended the deceased from

3-21-62

to 11-9-62

and last saw him alive on 11-9-62

Death occurred at 5:00 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. GIFFIN (Deedee or title)

M. D.

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

11-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-13-62

23c. NAME OF CEMETERY OR CREMATORY

Memroial Park

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

ST. LOUIS FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

NOV 13 1962

26. REGISTRAR'S SIGNATURE

Loat Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1

2 226

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83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harry Kahle

Licensed Embalmer No. 4596

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.